

County of Los Angeles Fire Department



Emergency Medical Services Section
5801 South Eastern Avenue
Commerce, California 90040

Phone 323.838.2212
FAX 323.869.0311

P. Michael Freeman
Fire Chief

Continuing Education Record

Name: _____ State License # _____

Course Date: _____ LA County # _____

Class Title: _____

This course has been approved for _____ hours of Continuing Education
by an approved California **EMS Provider # 19-0202** and **BRN CE Provider # 14103**

Level of Education: ALS ☐ BLS ☐ Both ☐
Instructor Based: Yes ☐ No ☐

Unrestricted Instructor-Based Categories: Lecture ☐ Field Care Audit /Tape Review ☐
Skills Practice/Scenarios ☐ Clinical/Field Experience ☐ Nationally Recognized Course ☐
Instructor-Lead Media Presentations ☐

Restricted Non-Instructor Categories: Precepting ☐ Teaching ☐
Indirect or Advanced Patient Care Topics ☐ Media Based or Serial Productions ☐

This certificate must be retained for a period of four (4) years
***LACoFD must use special code "ZZZ" for paramedic CE data entry**

Signature of Instructor or Course Director: _____

Integrity – Teamwork – Caring – Courage – Commitment – Community